



## ON MY WAY PRE-K Grant Program Provider Agreement Form



Pre-K Program Name: \_\_\_\_\_

Pre-K Program Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

I, \_\_\_\_\_, (insert your name) as an authorized representative of the On My Way Pre-K program located at the above address agree to fully participate as an enrolled On My Way Pre-K provider by agreeing to the following (please initial each).

I agree that my On My Way Pre-K program will:

\_\_\_\_\_ Comply on a continuing bases with all rules for participation established by the State of Indiana and Family and Social Services.

\_\_\_\_\_ Provide pre-k early education services to eligible 4 year old children with an On My Way Pre-K Grant for the hours/days/weeks per year as indicated on the *Provider Information Page* and that the information included on the Provider Information Page is accurate and complete.

\_\_\_\_\_ Maintain program eligibility throughout the pre-k program year as defined by IC 12-17.2-3.8.

\_\_\_\_\_ Report immediately any changes in eligibility status, including the loss of national or regional accreditation, to the Office of Early Childhood and Out-of-School Learning (OECOSL).

\_\_\_\_\_ Maintain accurate attendance records for On My Way Pre-K enrolled children and submit attendance records as required by OECOSL.

\_\_\_\_\_ Enforce minimum attendance requirements of at least 85% of the days pre-k is offered for On My Way Pre-K enrolled children.

\_\_\_\_\_ Agree to inform OECOSL within 5 business days of an On My Way Pre-K child being withdrawn.  
Acknowledge retroactive repayment to the State of Indiana may be required or future payments may be adjusted as a result of the withdrawal of a student or changes to the law.

\_\_\_\_\_ Pay refunds within 30 days to FSSA or FSSA's fiscal agent for any duplicate or erroneous payment including repayment due for the disenrollment of a child with an On My Way Pre-K grant.

\_\_\_\_\_ Acknowledge that Grants are not transferrable to other students.

\_\_\_\_\_ Offer parental engagement and involvement activities in my pre-k program in alignment with the Family Engagement Framework adopted by the Indiana Early Learning Advisory Council (ELAC).

\_\_\_\_\_ Maintain records of each On My Way Pre-K family's participation in family engagement activities and submit records as required by OECOSL.

\_\_\_\_\_ Complete registration with the Indiana Department of Education as an administrator for the ISTAR-KR student assessment and assist families with the completion of the ISTAR-KR parent agreement so that each On My Way Pre-K child is assigned a Student Test Number (STN). Paperwork must be completed within two weeks of the start date of each student with an On My Way Pre-K grant.



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- \_\_\_\_\_ Administer the kindergarten readiness assessment, ISTAR-KR, for children enrolled as On My Way Pre-K students, at least twice during the program year. The first assessment must be completed within six weeks of the child's start date and the last must be completed prior to the conclusion of the program year. Additional assessments through the program year are recommended in order to facilitate individualized student instruction.
- \_\_\_\_\_ Participate in the On My Way Pre-k pilot longitudinal study including participation in on-site student and classroom assessments conducted by the external evaluator, complete surveys, focus groups or teacher completed student assessments as needed and provide all necessary documentation to OECOSL within the required timeframes.
- \_\_\_\_\_ Complete and timely submit all required reports, including attendance and timely billing on approved claim forms following guidelines required by the state and FSSA.
- \_\_\_\_\_ Be individually responsible and accountable for the completion, accuracy and validity of all claims submitted by program, program's employees or program's agents. Authorized representative of program understands that the submission of false claims, statements and documents or the concealment of material fact will be grounds for disapproval from the On My Way Pre-K grant and prosecution under applicable State Law.
- \_\_\_\_\_ Participate in all required trainings and all mandatory meetings with the State or representatives of the State. These meetings may be held face to face and/or remotely via webinar or teleconference.
- \_\_\_\_\_ Participate in all site visits conducted by the State or representatives of the State, including fiscal auditing activities with regard to the On My Way Pre-K Grant program and pre-k program activity monitoring.
- \_\_\_\_\_ Allow families of children enrolled in the pre-k program to visit at any time the program is in operation.

Additionally, by my signature below, I understand that:

- I attest that I have received, read and will comply with the FSSA Privacy Compliance policies. Grantee is hereby authorized by the State to create, receive, maintain, and/or transmit Personally Identifiable Information (meaning personal information as collectively defined in IC 4-1-6-1 and IC 4-1-11-3, "PII") on the State's behalf pursuant to and consistent with the Services performed under this Grant. Grantee will not use or further disclose PII except as expressly permitted by this Grant or as required by law. Grantee agrees to comply with all State laws regarding data privacy, the FSSA Privacy Compliance policies, OECOSL directives regarding data privacy, and applicable FERPA provisions as defined in 20 U.S.C § 1232g; 34 CFR Part 99.
- I may not be paid to provide pre-k services for my own child(ren), stepchild(ren) or child(ren) whom I am the legal guardian
- I understand my pre-k program will only be paid for pre-k services provided at the address listed on the grant and Provider Information Form.
- Failure to comply with the conditions of this agreement may result in the termination of my program's eligibility to receive payment through the On My Way Pre-K grant program;
- Providing false or misleading information on any documentation required by On My Way Pre-K, including but not limited to the application for enrollment, child attendance records, child assessment data or other study related data, claim forms and the Provider Information Form, may result in the termination of my program's eligibility to receive payment through the On My Way Pre-K program and repayment of funds received to date;



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- Any over-payments or payment received for services not rendered will result in a required repayment to the State and that the State shall pursue all available remedies to obtain repayment.
- This agreement may be terminated by FSSA immediately for provider's breach of any provision of this agreement or by FSSA or the provider, without cause upon sixty (60) days written notice.

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(Printed Name)

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(Program Name)

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(Signed Name)

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(Date)